Notification to the Department of Aging and Disability Services (DADS) Regarding Department of Family and Protective Services (DFPS) Investigation

To: Waiver Survey and Certification

Attn: Risk Assessment Coordinators

Fax No.: 512-438-4148

Provider Name			Contract No.		Comp Code (HCS & TxHmL)		
Date Submitted to DADS	e Submitted to DADS Submitted by			Area Code and Telephone No.	No. Area Code and Fax No.		
DFPS Case No.				Date DFPS Report Received			
Care ID No(s).	Date of Allegation Type o		llegation	Disposition of Allegation		Concur with [Disposition*
Actions Taken by Provider (atta	ach documentation wh	en submitted	l, including r	esponse to confirmed allegations	and DFPS co	oncerns or recomm	endations):
*Allegation Disposition Appealed or Methodological Review Requested:				Date Submitted:			
Yes No							

In Home and Community-based Services (HCS) or Texas Home Living (TxHmL) Program, a report to DADS regarding the program provider's response to the DFPS investigation must occur within 14 calendar days after the program provider's receipt of the investigation report as per Texas Administrative Code (TAC), Title 40, Part 1, Chapter 9, Subchapter D, §9.178(n)(2) and TAC, Title 40, Part 1, Chapter 9, Subchapter N, §9.580 (h)(1).

Note if attachments are faxed with this document.